

DO NOT file this claim if you are going to  
file a Missouri income tax return!



# 2004 FORM MO-PTC

AMENDED CLAIM ☐

MISSOURI DEPARTMENT OF REVENUE

## PROPERTY TAX CREDIT CLAIM

VENDOR  
CODE

SOCIAL SECURITY NO.		SPOUSE'S SOCIAL SECURITY NO.	
LAST NAME	FIRST NAME	INITIAL	JR, SR
BIRTHDATE MM DD YY	TELEPHONE NUMBER	DECEASED 2004 <input type="checkbox"/>	
SPOUSE'S LAST NAME	FIRST NAME	INITIAL	JR, SR
BIRTHDATE MM DD YY	DECEASED 2004 <input type="checkbox"/>		IN CARE OF NAME (ATTORNEY, EXECUTOR, PERSONAL REPRESENTATIVE, ETC.)
PRESENT HOME ADDRESS		CITY, TOWN, OR POST OFFICE	STATE ZIP CODE

QUALIFICATIONS	<b>You must check a qualification to be eligible for a credit. Check only one. Required copies of letters, forms, etc., must be included with claim.</b>	
	<input type="checkbox"/> A. 65 years of age or older (Attach a copy of Form SSA-1099.)	<input type="checkbox"/> C. 100% Disabled (Attach a copy of the letter from Social Security Administration or Form SSA-1099.)
	<input type="checkbox"/> B. 100% Disabled Veteran (Attach a copy of the letter from Department of Veterans Affairs.)	<input type="checkbox"/> D. 60 years of age or older and received surviving spouse benefits (Attach a copy of Form SSA-1099.)

FILING STATUS	<input type="checkbox"/> Single <input type="checkbox"/> Married — Filing Combined <input type="checkbox"/> Married — Living Separate for Entire Year	If married filing combined, you must report both incomes.
---------------	---	---

Failure to provide proper supporting documentation (rent receipt(s), tax receipt(s), 1099(s), W-2(s), etc.) will result in denial or delay of your claim! Items listed below in red MUST be attached to claim if that line has an amount entered on it.

HOUSEHOLD INCOME	1. Enter the amount of social security benefits received by you and/or your minor children before any deductions and/or the amount of social security equivalent railroad retirement benefits. Attach Form SSA-1099 and/or RRB-1099. ....	1	00
	2. Enter the total amount of wages, pensions, annuities, dividends, interest income, rental income, or other income. Attach Forms W-2(s), 1099(s), 1099-R(s), 1099-DIV, 1099-INT, 1099-MISC, etc. ....	2	00
	3. Enter the amount of railroad retirement benefits (not included in Line 1) before any deductions. Attach Form RRB/1099-R (Tier II). ....	3	00
	4. Enter the amount of veteran's payments or benefits before any deductions. Attach letter from Veterans Affairs. ....	4	00
	5. Enter the total amount received by you and/or your minor children from: public assistance, SSI, child support, Temporary Assistance payments (TA and/or TANF). Attach a copy of Form SSA-1099(s), a letter from the Social Security Administration and/or Social Services that includes the total amount of assistance received and Employment Security 1099, if applicable. ....	5	00
	6. TOTAL household income — Add Lines 1 through 5. ....	6	00
	7. Enter \$2,000 if you are married and filing a combined claim with your spouse. Otherwise, enter "0". ....	7	00
	8. Net household income — Subtract Line 7 from Line 6. If the total is over \$25,000, no credit is allowed — Do not file this claim. (Amount from Line 8 is used to figure your credit.) ....	8	00
REAL ESTATE TAX / RENT PAID	9. If you owned your home, enter the total amount of real estate tax that you paid for your home less special assessments. Attach a copy of PAID real estate tax receipt(s). If your home is on more than five acres or you own a mobile home, attach Form 948, Assessor's Certification. ....	9	00
	10. If you rented your home, enter the amount from Form MO-CRP(s), Line 8 in box to the right. (If total yearly rent is more than Line 6, attach rent payment explanation.) Attach rent receipt(s) for the whole year or each month or a statement from your landlord, along with Form MO-CRP. Copies of cancelled checks (front and back) will be accepted if your landlord will not provide rent receipts, or statement. .... 10a. <input type="text"/> 00 x 20% = 10b	10b	00
	11. Total tax and/or rent — Add Lines 9 and 10b and enter the total or \$750, whichever is less. (Amount from Line 11 is used to figure your credit.) ....	11	00
CREDITS	12. You must use the chart in the instructions to see how much refund you are allowed. Apply amounts from Lines 8 and 11 to chart in the instructions to figure your Property Tax Credit. Line 12 should not exceed \$750. Enter credit here. .... TOTAL REFUND	12	00

SIGNATURE	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which he/she has any knowledge. As provided in Chapter 143, RSMo, a penalty of up to \$500 shall be imposed on any individual who files a frivolous claim.		DOR ONLY	S	E	P	F
	I authorize the Director of Revenue or delegate to discuss my claim and attachments with the preparer or any member of the preparer's firm. <input type="checkbox"/> YES <input type="checkbox"/> NO		PREPARER'S PHONE				
	SIGNATURE	DATE	PREPARER'S SIGNATURE		FEIN, SSN, OR PTIN		
	SPOUSE'S SIGNATURE	DAYTIME TELEPHONE	PREPARER'S ADDRESS AND ZIP CODE		DATE		

Mail claim and attachments to Missouri Department of Revenue, P.O. Box 2800, Jefferson City, MO 65105-2800.



MISSOURI DEPARTMENT OF REVENUE  
**CERTIFICATION OF RENT PAID FOR 2004**

**2004**  
FORM  
**MO-CRP**

• Read instructions. • Print or type.  
**Failure to provide landlord information will result in denial or delay of your claim.**

1. SOCIAL SECURITY NUMBER		SPOUSE'S SOCIAL SECURITY NUMBER		ARE YOU RELATED TO YOUR LANDLORD? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN.		
2. LAST NAME		FIRST NAME		M. INITIAL		
ADDRESS OF RENTAL UNIT (DO NOT LIST P.O. BOX)				3. LANDLORD'S NAME, SOCIAL SECURITY NO., OR FEIN		
CITY, STATE, AND ZIP CODE				LANDLORD'S ADDRESS, CITY, STATE, AND ZIP CODE (MUST BE COMPLETED)		
5. RENTAL PERIOD DURING YEAR				4. LANDLORD'S PHONE NUMBER (MUST BE COMPLETED)		
FROM: MONTH DAY YEAR		TO: MONTH DAY YEAR				
6. Enter your gross rent paid. <b>Attach rent receipt(s) for each rent payment or the entire year, a statement from your landlord, or copies of cancelled checks (front and back). If receiving assistance, enter the amount of rent YOU paid.</b>					6	00
7. Check the appropriate box and enter the corresponding percentage on Line 7. <input type="checkbox"/> A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100% <input type="checkbox"/> B. MOBILE HOME LOT — 100% <input type="checkbox"/> C. BOARDING HOME / RESIDENTIAL CARE — 50% <input type="checkbox"/> D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45% <input type="checkbox"/> E. HOTEL If meals are included, enter — 50%; Otherwise, enter — 100% <input type="checkbox"/> <input type="checkbox"/> F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total household income.) <input type="checkbox"/> G. <b>SHARED RESIDENCE</b> — If you shared your rent with relatives and/or friends (other than your spouse or children under 18), check the appropriate box and enter percentage. <b>Additional persons sharing rent/percentage to be entered:</b> <input type="checkbox"/> 1 (50%) <input type="checkbox"/> 2 (33%) <input type="checkbox"/> 3 (25%) .....					7	%
8. Net rent paid — Multiply Line 6 by the percentage on Line 7. ENTER HERE AND IN THE BOX ON FORM MO-PTS, LINE 12a OR FORM MO-PTC, LINE 10a. ....					8	00

MO 860-1089 (11-2004)

**For Privacy Notice, see the instructions.**



MISSOURI DEPARTMENT OF REVENUE  
**CERTIFICATION OF RENT PAID FOR 2004**

**2004**  
FORM  
**MO-CRP**

• Read instructions. • Print or type.  
**Failure to provide landlord information will result in denial or delay of your claim.**

1. SOCIAL SECURITY NUMBER		SPOUSE'S SOCIAL SECURITY NUMBER		ARE YOU RELATED TO YOUR LANDLORD? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN.		
2. LAST NAME		FIRST NAME		M. INITIAL		
ADDRESS OF RENTAL UNIT (DO NOT LIST P.O. BOX)				3. LANDLORD'S NAME, SOCIAL SECURITY NO., OR FEIN		
CITY, STATE, AND ZIP CODE				LANDLORD'S ADDRESS, CITY, STATE, AND ZIP CODE (MUST BE COMPLETED)		
5. RENTAL PERIOD DURING YEAR				4. LANDLORD'S PHONE NUMBER (MUST BE COMPLETED)		
FROM: MONTH DAY YEAR		TO: MONTH DAY YEAR				
6. Enter your gross rent paid. <b>Attach rent receipt(s) for each rent payment or the entire year, a statement from your landlord, or copies of cancelled checks (front and back). If receiving assistance, enter the amount of rent YOU paid.</b>					6	00
7. Check the appropriate box and enter the corresponding percentage on Line 7. <input type="checkbox"/> A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100% <input type="checkbox"/> B. MOBILE HOME LOT — 100% <input type="checkbox"/> C. BOARDING HOME / RESIDENTIAL CARE — 50% <input type="checkbox"/> D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45% <input type="checkbox"/> E. HOTEL If meals are included, enter — 50%; Otherwise, enter — 100% <input type="checkbox"/> <input type="checkbox"/> F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total household income.) <input type="checkbox"/> G. <b>SHARED RESIDENCE</b> — If you shared your rent with relatives and/or friends (other than your spouse or children under 18), check the appropriate box and enter percentage. <b>Additional persons sharing rent/percentage to be entered:</b> <input type="checkbox"/> 1 (50%) <input type="checkbox"/> 2 (33%) <input type="checkbox"/> 3 (25%) .....					7	%
8. Net rent paid — Multiply Line 6 by the percentage on Line 7. ENTER HERE AND IN THE BOX ON FORM MO-PTS, LINE 12a OR FORM MO-PTC, LINE 10a. ....					8	00

MO 860-1089 (11-2004)

**For Privacy Notice, see the instructions.**



MISSOURI DEPARTMENT OF REVENUE  
**CERTIFICATION OF RENT PAID FOR 2004**

**2004**  
FORM  
**MO-CRP**

• Read instructions. • Print or type.  
**Failure to provide landlord information will result in denial or delay of your claim.**

1. SOCIAL SECURITY NUMBER		SPOUSE'S SOCIAL SECURITY NUMBER		ARE YOU RELATED TO YOUR LANDLORD? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN.		
2. LAST NAME		FIRST NAME		M. INITIAL		
ADDRESS OF RENTAL UNIT (DO NOT LIST P.O. BOX)				3. LANDLORD'S NAME, SOCIAL SECURITY NO., OR FEIN		
CITY, STATE, AND ZIP CODE				LANDLORD'S ADDRESS, CITY, STATE, AND ZIP CODE (MUST BE COMPLETED)		
				4. LANDLORD'S PHONE NUMBER (MUST BE COMPLETED)		
5. RENTAL PERIOD DURING YEAR		FROM: MONTH DAY YEAR		TO: MONTH DAY YEAR		
6. Enter your gross rent paid. <b>Attach rent receipt(s) for each rent payment or the entire year, a statement from your landlord, or copies of cancelled checks (front and back). If receiving assistance, enter the amount of rent YOU paid.</b>					6	00
7. Check the appropriate box and enter the corresponding percentage on Line 7. <input type="checkbox"/> A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100% <input type="checkbox"/> B. MOBILE HOME LOT — 100% <input type="checkbox"/> C. BOARDING HOME / RESIDENTIAL CARE — 50% <input type="checkbox"/> D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45% <input type="checkbox"/> E. HOTEL If meals are included, enter — 50%; Otherwise, enter — 100% <input type="checkbox"/> <input type="checkbox"/> F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total household income.) <input type="checkbox"/> G. <b>SHARED RESIDENCE</b> — If you shared your rent with relatives and/or friends (other than your spouse or children under 18), check the appropriate box and enter percentage. <b>Additional persons sharing rent/percentage to be entered:</b> <input type="checkbox"/> 1 (50%) <input type="checkbox"/> 2 (33%) <input type="checkbox"/> 3 (25%) .....					7	%
8. Net rent paid — Multiply Line 6 by the percentage on Line 7. ENTER HERE AND IN THE BOX ON FORM MO-PTS, LINE 12a OR FORM MO-PTC, LINE 10a. ....					8	00

MO 860-1089 (11-2004)

**For Privacy Notice, see the instructions.**



MISSOURI DEPARTMENT OF REVENUE  
**CERTIFICATION OF RENT PAID FOR 2004**

**2004**  
FORM  
**MO-CRP**

• Read instructions. • Print or type.  
**Failure to provide landlord information will result in denial or delay of your claim.**

1. SOCIAL SECURITY NUMBER		SPOUSE'S SOCIAL SECURITY NUMBER		ARE YOU RELATED TO YOUR LANDLORD? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN.		
2. LAST NAME		FIRST NAME		M. INITIAL		
ADDRESS OF RENTAL UNIT (DO NOT LIST P.O. BOX)				3. LANDLORD'S NAME, SOCIAL SECURITY NO., OR FEIN		
CITY, STATE, AND ZIP CODE				LANDLORD'S ADDRESS, CITY, STATE, AND ZIP CODE (MUST BE COMPLETED)		
				4. LANDLORD'S PHONE NUMBER (MUST BE COMPLETED)		
5. RENTAL PERIOD DURING YEAR		FROM: MONTH DAY YEAR		TO: MONTH DAY YEAR		
6. Enter your gross rent paid. <b>Attach rent receipt(s) for each rent payment or the entire year, a statement from your landlord, or copies of cancelled checks (front and back). If receiving assistance, enter the amount of rent YOU paid.</b>					6	00
7. Check the appropriate box and enter the corresponding percentage on Line 7. <input type="checkbox"/> A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100% <input type="checkbox"/> B. MOBILE HOME LOT — 100% <input type="checkbox"/> C. BOARDING HOME / RESIDENTIAL CARE — 50% <input type="checkbox"/> D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45% <input type="checkbox"/> E. HOTEL If meals are included, enter — 50%; Otherwise, enter — 100% <input type="checkbox"/> <input type="checkbox"/> F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total household income.) <input type="checkbox"/> G. <b>SHARED RESIDENCE</b> — If you shared your rent with relatives and/or friends (other than your spouse or children under 18), check the appropriate box and enter percentage. <b>Additional persons sharing rent/percentage to be entered:</b> <input type="checkbox"/> 1 (50%) <input type="checkbox"/> 2 (33%) <input type="checkbox"/> 3 (25%) .....					7	%
8. Net rent paid — Multiply Line 6 by the percentage on Line 7. ENTER HERE AND IN THE BOX ON FORM MO-PTS, LINE 12a OR FORM MO-PTC, LINE 10a. ....					8	00

MO 860-1089 (11-2004)

**For Privacy Notice, see the instructions.**



MISSOURI DEPARTMENT OF REVENUE  
**CERTIFICATION OF RENT PAID FOR 2004**

**2004**  
FORM  
**MO-CRP**

• Read instructions. • Print or type.  
**Failure to provide landlord information will  
result in denial or delay of your claim.**

1. SOCIAL SECURITY NUMBER		SPOUSE'S SOCIAL SECURITY NUMBER		ARE YOU RELATED TO YOUR LANDLORD? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN.	
2. LAST NAME		FIRST NAME	M. INITIAL	3. LANDLORD'S NAME, SOCIAL SECURITY NO., OR FEIN	
ADDRESS OF RENTAL UNIT (DO NOT LIST P.O. BOX)				LANDLORD'S ADDRESS, CITY, STATE, AND ZIP CODE (MUST BE COMPLETED)	
CITY, STATE, AND ZIP CODE				4. LANDLORD'S PHONE NUMBER (MUST BE COMPLETED)	
5. RENTAL PERIOD DURING YEAR		FROM: MONTH DAY YEAR		TO: MONTH DAY YEAR	
6. Enter your gross rent paid. <b>Attach rent receipt(s) for each rent payment or the entire year, a statement from your landlord, or copies of cancelled checks (front and back). If receiving assistance, enter the amount of rent YOU paid.</b>				6	00
7. Check the appropriate box and enter the corresponding percentage on Line 7. <input type="checkbox"/> A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100% <input type="checkbox"/> B. MOBILE HOME LOT — 100% <input type="checkbox"/> C. BOARDING HOME / RESIDENTIAL CARE — 50% <input type="checkbox"/> D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45% <input type="checkbox"/> E. HOTEL If meals are included, enter — 50%; Otherwise, enter — 100% <input type="checkbox"/> <input type="checkbox"/> F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total household income.) <input type="checkbox"/> G. SHARED RESIDENCE — If you shared your rent with relatives and/or friends (other than your spouse or children under 18), check the appropriate box and enter percentage. <b>Additional persons sharing rent/percentage to be entered:</b> <input type="checkbox"/> 1 (50%) <input type="checkbox"/> 2 (33%) <input type="checkbox"/> 3 (25%) . . . . .				7	%
8. Net rent paid — Multiply Line 6 by the percentage on Line 7. ENTER HERE AND IN THE BOX ON FORM MO-PTS, LINE 12a OR FORM MO-PTC, LINE 10a. . . . .				8	00